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AUG 2 - 2006

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To: Company: Fax Number: Tel Number:
Examiner: U.S. Patent and Trademark Office 571 - 273 - 8300
Junghwa M. Im Art Unit 2811

From: Lawrence J. McClure

For internal purposes only: Please Return Fax to Rosa V.

Date: August 2, 2006

Client number: 81751.0066

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MESSAGE:

RE: U.S. Patent Application Serial No.: 10/664,585; Our Ref. 81751.0066

I hereby certify that the following documents:

- ☒ Amendment Transmittal.
- ☒ Request for Continued Examination (RCE).
- ☒ Petition for Extension of Time with one month Extension Fee.

August 2, 2006

Date of Deposit


Firoozeh Vakilizadeh

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

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WLA - 081751/000066 - 318239 v1

81751.0066

Patent Application No. 10/664,585

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AUG 2 - 2006

In re application of:

Hiroshi MASUYA

Serial No: 10/664,585

Filed: September 17, 2003

For: Semiconductor Device and Method of Manufacturing
the Same, Circuit Board, and Electronic Instrument

Art Unit: 2811

Examiner: Junghwa M. Im

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

August 2, 2006

Date of Deposit

Firoozeh Vakilzadeh

Name

Signature Date 8/02/06

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Request for Continued Examination (RCE).

☒ Petition of Extension of Time (one month).

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-	20 **	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	SM=\$100 LG=\$200	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
Independent Claims: 1 and 21					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☒ Please charge our Deposit Account No. 50-1314 in the amount of \$120 to cover the extension fee. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: August 2, 2006

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TOTAL CLAIMS FEE	8	-	20	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	0	SM=\$100 LG=\$200	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
Independent Claims: 1 and 21					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.☒ Please charge our Deposit Account No. 50-1314 in the amount of \$120 to cover the extension fee. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.By: Lawrence J. McClureLawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: August 2, 2006

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